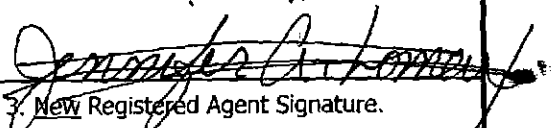
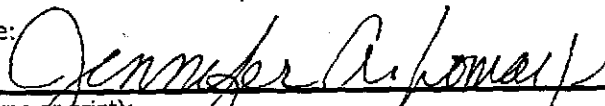


No. W 77254	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX) JENNIFER A LOMAX 1915 BRIARWOOD HAILEY ID 83333 <div style="text-align: right; margin-top: 10px;"><i>mistake</i></div> <div style="text-align: center; margin-top: 10px;">  </div>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GLACIER GRAPHICS, LLC PO BOX 5785 HAILEY ID 83333		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jennifer Lomax	1915 Briarwood	Hailey ID USA 83333
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jennifer Lomax	741 East Carbonate	Hailey ID USA 83333
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 77254 </div>		6. Signature:  Date: <u>10/10/2017</u> Name (type or print): <u>Jennifer A. Lomax</u> Title: <u>Manager</u>	
Issued 10/10/2017 by online			